

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2007

through

03

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

04

20

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		365524.77
(b) Cash on Hand at Beginning of Reporting Period	534949.49	
(c) Total Receipts (from Line 19)	32118.44	297100.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	567067.93	662625.10
7. Total Disbursements (from Line 31)	104468.06	200025.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	462599.87	462599.87
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24680.03	251021.05
(i) Itemized (use Schedule A)		
(ii) Unitemized	6363.52	42967.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	31043.55	293988.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	31043.55	293988.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1074.89	3111.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32118.44	297100.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32118.44	297100.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		3928.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		3928.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		99000.00	192000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		1540.06	4097.23
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		104468.06	200025.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		104468.06	200025.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31043.55	293988.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31043.55	293988.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3928.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3928.00	3928.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Hanan Khalil		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address Rhode Island Medical Imaging Inc 20 Catamore Blvd		Transaction ID: 19209086
City East Providence	State RI	Zip Code 02914-1204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bridgeport Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) DR Cathleen Woomert		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 81 Maple Ridge Rd		Transaction ID: 19209088
City Millville	State PA	Zip Code 17846-8933
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Geisinger Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
C. Full Name (Last, First, Middle Initial) DR Dennis Parks		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address Waco Radiology Clinic PA 405 Londonderry Dr Ste 104		Transaction ID: 19209089
City Waco	State TX	Zip Code 76712-7920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Waco Radiology Clinic PA	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR William Herring

Mailing Address Albert Einstein Medical Center
5501 Old York Rd

City State Zip Code
Philadelphia PA 19141-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albert Einstein Medical
Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 0 7

Transaction ID: 19209090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Richard Latchaw

Mailing Address UC Davis Medical Center
4860 Y St Ste 3100

City State Zip Code
Sacramento CA 95817-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California
at Davis

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19298686

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Katherine Shaffer

Mailing Address Froedtert Mem Lutheran Hospital
9200 W Wisconsin Ave

City State Zip Code
Milwaukee WI 53226-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Wisconsin

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19298687

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Bradley Tipler

Mailing Address Blue Ridge Radiologists
401 Commerce Rd Ste 413

City State Zip Code
Staunton VA 24401-4433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Ridge Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19298688

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Joseph Alenghat

Mailing Address 3901 W Talus Ct

City State Zip Code
Peoria IL 61615-8957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19299931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Kirsten A. Hanson

Mailing Address 1031 Towlston Rd

City State Zip Code
McLean VA 22102-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Radiology Asso-
ciates, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: 19299932

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Douglas Moote		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address Jefferson Radiology 85 Seymour St Ste 200		Transaction ID: 19299936	
City Hartford	State CT	Zip Code 06106-5507	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Jefferson Radiology Group	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) DR Steven Urbanski		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 71 Waterside Ln		Transaction ID: 19337644	
City West Hartford	State CT	Zip Code 06107-3523	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Jefferson X-Ray Group, PC	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) DR Roma Gumbs		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 13716 N Gate Dr		Transaction ID: 19337645	
City Silver Spring	State MD	Zip Code 20906-2212	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Howard University Hospital	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR George Weis
 Mailing Address 248 Shorewood Ct

City State Zip Code
 Fox Island WA 98333-9725

FEC ID number of contributing federal political committee.

C

Name of Employer
Tacoma Radiological AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 7

Transaction ID: 19337646

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Terril Efird
 Mailing Address 7620 N Marks Ave

City State Zip Code
 Fresno CA 93711-0262

FEC ID number of contributing federal political committee.

C

Name of Employer
Community Medical ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 0 7

Transaction ID: 19424029

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR Deborah Lucas
 Mailing Address Southwestern Radiology
 3801 W Market St

City State Zip Code
 Greensboro NC 27407-1301

FEC ID number of contributing federal political committee.

C

Name of Employer
Southeastern Radiology -
Greensboro, NOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 0 7

Transaction ID: 19424031

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Mark Robbins		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address Hot Springs Radiology Services 3633 Central Ave Ste D		Transaction ID: 19424032	
City Hot Springs	State AR	Zip Code 71913-6404	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hot Springs Rad Services	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) DR Gideon Strich		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address 6042 Sierra Siena Rd		Transaction ID: 19428512	
City Irvine	State CA	Zip Code 92612-3912	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer West Coast Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) DR Lara Eisenberg		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address 1020 Towlston Rd		Transaction ID: 19428514	
City Mclean	State VA	Zip Code 22102-1111	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Doctors Groover, Christie, & Meritt	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Ronald RosenbergMailing Address Jefferson X Ray Group PC
85 Seymour St Ste 200City State Zip Code
Hartford CT 06106-5505FEC ID number of contributing
federal political committee.**C**Name of Employer
Jefferson Radiology, P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	7

Transaction ID: 19428515

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
DR Ethan Foxman

Mailing Address 1047 N Main St

City State Zip Code
West Hartford CT 06117-2055FEC ID number of contributing
federal political committee.**C**Name of Employer
Jefferson RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	7

Transaction ID: 19428516

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
DR David Wolf

Mailing Address 16 Whitecliff Dr

City State Zip Code
Pittsford NY 14534-2928FEC ID number of contributing
federal political committee.**C**Name of Employer
Windsong Radiology GroupOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	0	7

Transaction ID: 19501391

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR George Howard, III		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Onslow Radiology 299 Doctors Dr		Transaction ID: 19501394
City Jacksonville State NC Zip Code 28546-6373	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Onslow Radiology Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) DR Charles Burkett		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address Radiology Associates 1673 Mason Ave Ste 305		Transaction ID: 19501396
City Daytona Beach State FL Zip Code 32117-5516	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Radiology Associates of Daytona Beach	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) DR Edwin Dailey		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 4960 Rockefeller Rd		Transaction ID: 19501397
City Auburn State NY Zip Code 13021-9619	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Auburn Radiologic Associates, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Susan Rubinoff

Mailing Address 0-100 28th St

City	State	Zip Code
Fairlawn	NJ	07410-3756

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology Center of Fair
LawnOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	7

Transaction ID: 19501415

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Nathaniel Adamson

Mailing Address 177 Diamond Ct

City	State	Zip Code
Harrisonburg	VA	22801-3414

FEC ID number of contributing federal political committee.

C

Name of Employer
Rockingham Radiologists,
Ltd.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	7

Transaction ID: 19501417

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

DR Charles Hodgman

Mailing Address Kalamazoo Radiology PC
524 S Park St

City	State	Zip Code
Kalamazoo	MI	49007-5179

FEC ID number of contributing federal political committee.

C

Name of Employer
Advanced Radiology Servic-
esOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	7

Transaction ID: 19501419

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Chaliff

Mailing Address 195 Grogans Lake Point

City State Zip Code
 Atlanta GA 30350-3118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Specia-
lists, P.A..

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532767

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Salil Parikh

Mailing Address 9477 Johnson Rd Ext

City State Zip Code
 Germantown TN 38139-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of Ocala

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532768

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Bruce Arose

Mailing Address 11 Windsor Court

City State Zip Code
 Farmington CT 06032-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532769

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Harris

Mailing Address 35 Goodfellow Rd

City	State	Zip Code
Hanover	NH	03755-4803

FEC ID number of contributing
federal political committee.**C**Name of Employer
Dartmouth-Hitchcock Med
CtrOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	7

Transaction ID: 19532771

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Susan Edwards

Mailing Address 13101 Waterrock Ln

City	State	Zip Code
Arcadia	OK	73007-7631

FEC ID number of contributing
federal political committee.**C**Name of Employer
Oklahoma Radiology GroupOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	7

Transaction ID: 19532774

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DR Michael Soehnen

Mailing Address 18882 Withrich Rd

City	State	Zip Code
Dalton	OH	44618-8923

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Associates of
CantonOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	7

Transaction ID: 19532804

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Frederick Conard, III

Mailing Address 22 Sunset Farm Rd

City

West Hartford

State

CT

Zip Code

06107-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532807

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

DR Thomas Poulton

Mailing Address Aultman Hospital
2600 6th St SW

City

Canton

State

OH

Zip Code

44710-1799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532808

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Irena Tocino

Mailing Address 24 Wakefield Rd

City

Branford

State

CT

Zip Code

06405-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale University School of
Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532814

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Todd Smith

Mailing Address 18 Masters Cir

City State Zip Code
 Little Rock AR 72212-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532815

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR David Marcantonio

Mailing Address William Beaumont Hosp
 3601 W 13 Mile Rd

City State Zip Code
 Royal Oak MI 48073-6769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia West Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532858

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Terry Martin

Mailing Address Rad Assoc of Birmingham PC
 2090 Columbiana Rd Ste 4400

City State Zip Code
 Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532865

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	7

Transaction ID: 19532908

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
DR James Eisenberg

Mailing Address The Defiance Clinic
1400 E 2nd St

City State Zip Code
Defiance OH 43512-2494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Defiance ClinicOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	7

Transaction ID: 19532919

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code
Lincoln MA 01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging InstituteOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	7

Transaction ID: 19532923

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

223.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Demetrius Morros
 Mailing Address 1045 Lake Colony Ln

City State Zip Code
 Birmingham AL 35242-7402

FEC ID number of contributing federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532928

Amount of Each Receipt this Period

83.34

B. Full Name (Last, First, Middle Initial)
 DR Joel Swartz
 Mailing Address 1210 Page Ter

City State Zip Code
 Villanova PA 19085-2132

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532937

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
 DR Marcela Bohm-Velez
 Mailing Address Weinstein Imaging Associates
 5850 Centre Ave

City State Zip Code
 Pittsburgh PA 15206-3780

FEC ID number of contributing federal political committee.

C

Name of Employer
Weinstein Imaging Associa-
tesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532953

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

290.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
 New Bern NC 28560-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532958

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
 3704 North Blvd Ste A

City State Zip Code
 Alexandria LA 71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532976

Amount of Each Receipt this Period

83.34

C. Full Name (Last, First, Middle Initial)

DR Arthur Sandy

Mailing Address 2821 Argyle Rd

City State Zip Code
 Birmingham AL 35213-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Imaging Assoc of
AL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532983

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

268.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Gerald Dodd, III Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr City San Antonio State TX Zip Code 78229-3901 FEC ID number of contributing federal political committee. C Name of Employer Univ of Texas Hlth Sci Ctr Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Transaction ID: 19532988 Amount of Each Receipt this Period 83.34
B. Full Name (Last, First, Middle Initial) DR Jack Funamura Mailing Address 2320 N California St Ste 2 City Stockton State CA Zip Code 95204-5509 FEC ID number of contributing federal political committee. C Name of Employer Stockton MRI Medical Center Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Transaction ID: 19532996 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Reginald D. Osbon Mailing Address 149 Weatherby Drive City Macon State GA Zip Code 31210-8233 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Transaction ID: 19532997 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)**833.34****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jeanne W. Baer

Mailing Address 418 High St

City State Zip Code
 Closter NJ 07624-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's-Roosevelt Hospi-
tal

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19532998

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Russell Harvey

Mailing Address 2736 SW MacVicar Ave

City State Zip Code
 Topeka KS 66611-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
RNM

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19533000

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Bruce Gendron

Mailing Address 27 Timberline Dr

City State Zip Code
 Poughkeepsie NY 12603-5532

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19533001

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Richard Friedland

Mailing Address 1 Columbia St

City State Zip Code
 Poughkeepsie NY 12601-3923

FEC ID number of contributing federal political committee.

C

Name of Employer
DRA Imaging, P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19533002

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Sandip Patel

Mailing Address 141 Beaumont Ct

City State Zip Code
 Wilmington NC 28412-8267

FEC ID number of contributing federal political committee.

C

Name of Employer
Delaney Radiologists, P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 7

Transaction ID: 19533003

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Charles Herbstman

Mailing Address 572 Haworth Ave

City State Zip Code
 Haworth NJ 07641-1537

FEC ID number of contributing federal political committee.

C

Name of Employer
Rad Center of Fair LawnOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 7

Transaction ID: 19627954

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR John Tonkin		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address Radiology Associates 1673 Mason Ave Ste 305		Transaction ID: 19627956	
City State Zip Code Daytona Beach FL 32117-5516		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Imaging Associates		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) DR Kevin Quinn		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 69 McAfee Farm Rd		Transaction ID: 19627960	
City State Zip Code Bedford NH 03110-4655		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer SNHRC		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

24680.03

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 46

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3111.83

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 7

Transaction ID: 19810502

Amount of Each Receipt this Period

1074.89

Interest

SUBTOTAL of Receipts This Page (optional)

1074.89

TOTAL This Period (last page this line number only)

1074.89

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Federal Taxes

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19620086

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2007

Amount of Each Disbursement this Period

3928.00

Federal Taxes

SUBTOTAL of Disbursements This Page (optional)

3928.00

TOTAL This Period (last page this line number only)

3928.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Chris Murphy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 5

Transaction ID: 19030171

Date of Disbursement

03 / 04 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Fortney Peter Stark

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 18798453

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address P.O. Box 5458
PO Box 5458

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John M. Shimkus

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: 19298142

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 46

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address P.O. Box 5130

City
Evanston

State
IL

Zip Code
60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Janice D. Schakowsky

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 9

Transaction ID: 19031175

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of John Tanner

Mailing Address Post Office Box 1994

City
Union City

State
TN

Zip Code
38281

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John S. Tanner

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 8

Transaction ID: 18798628

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Rogers For Congress

Mailing Address Post Office Box 581

City
Brighton

State
MI

Zip Code
48116

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael J. Rogers

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 8

Transaction ID: 19031185

Date of Disbursement

03 / 07 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Rangel For Congress

Mailing Address PO Box 5577
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement

Candidate Name
Rep. Charles B. Rangel

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 15

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 18799996

Date of Disbursement

03 / 07 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Candidate Name
Rep. Michael Ross

Office Sought: ☒ House
☐ Senate
☐ President

State: AR District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19026441

Date of Disbursement

03 / 07 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Wally Herger For Congress Committee

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement

Candidate Name
Rep. Wally Herger

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19209105

Date of Disbursement

03 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Rick Renzi For Congress

Mailing Address P.O. Box 2383

City
PrescottState
AZZip Code
86302

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Rick RenziOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 1

Transaction ID: 19298034

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Pryor For Us Senate

Mailing Address PO Box 2720

City
Little RockState
ARZip Code
72203

Purpose of Disbursement

011

Category/
TypeCandidate Name
Sen. Mark PryorOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 2

Transaction ID: 19209104

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	7

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Charlie Melancon Campaign Committee IncMailing Address 511 Congress St
PO Box 549City
NapoleonvilleState
LAZip Code
70390

Purpose of Disbursement

011

Category/
TypeCandidate Name
Rep. Charles MelanconOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 3

Transaction ID: 18796113

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Carolyn Mccarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement

Candidate Name
Rep. Carolyn McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19297999

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kenington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name
Rep. Chris Van Hollen

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 8

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19026439

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Congress

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement

Candidate Name
Rep. Tammy Baldwin

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19298024

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 46

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Mike Honda For Congress

Mailing Address 50 W. San Fernando St Ste 350

City State Zip Code
San Jose CA 95113

Purpose of Disbursement

Candidate Name
Rep. Michael Honda

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 15

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19337783

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People For English

Mailing Address PO Box 1940

City State Zip Code
Erie PA 16507

Purpose of Disbursement

Candidate Name
Rep. Phil English

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 3

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19031189

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Charlie Dent For Congress

Mailing Address PO Box 442

City State Zip Code
Allentown PA 18105

Purpose of Disbursement

Candidate Name
Rep. Charles W. Dent

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 15

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19294650

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. McNulty For Congress

Mailing Address P.O. Box 1560

City State Zip Code
Green Island NY 12183

Purpose of Disbursement

Candidate Name
Rep. Michael R. McNulty

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 21

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19297996

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mchenry For Congress

Mailing Address PO Box 1406

City State Zip Code
Hickory NC 28601

Purpose of Disbursement

Candidate Name
Rep. Patrick McHenry

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 10

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19337784

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 South 5th Ave
Suite 428

City State Zip Code
La Crosse WI 54601

Purpose of Disbursement

Candidate Name
Rep. Ron Kind

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 3

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19297042

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 46

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Together for Our Majority Political Action Committ

Mailing Address PO Box 16488

City
Arlington

State
VA

Zip Code
22215

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19298188

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Max Baucus

Mailing Address Box 586

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

Candidate Name
Max Baucus

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 1

Transaction ID: 18798641

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address Box 586

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

Candidate Name
Max Baucus

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 1

Transaction ID: 18798906

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Kirk For Congress

Mailing Address P.O. Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mark Steven Kirk

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 10

Transaction ID: 19294666

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ron Lewis For Congress

Mailing Address PO Box 307

City
Elizabethtown

State
KY

Zip Code
42702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Lewis

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 2

Transaction ID: 19271366

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City
Uwchland

State
PA

Zip Code
19480

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James W. Gerlach

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 6

Transaction ID: 19296792

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thomas Price

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 19031191

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Gordon Smith

Mailing Address 228 S Washington Ste 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Gordon Smith

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 2

Transaction ID: 19026437

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Gordon Smith

Mailing Address 228 S Washington Ste 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Gordon Smith

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 2

Transaction ID: 19026438

Date of Disbursement

03 / 20 / 2007

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 46

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Allyson Schwartz

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 19296785

Date of Disbursement

03 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 19294730

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City
Tulsa

State
OK

Zip Code
74147

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. John Sullivan

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 1

Transaction ID: 19294719

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code
Union City TN 38281

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John S. Tanner

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 8

Transaction ID: 19433144

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Radanovich For Congress

Mailing Address 30151 Tomas Street

City State Zip Code
Rancho Sta Mrgrita CA 92688

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. George P. Radanovich

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 19

Transaction ID: 19453467

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City State Zip Code
Timonium MD 21093

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. C.A. Ruppersberger

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 2

Transaction ID: 19414519

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. More Conservatives PAC (McPAC)

Mailing Address 675 N WASHINGTON STREET
SUITE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19294723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Jobs, Opportunities and Education, PAC (JOE-PAC)

Mailing Address 85-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19414517

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Wynn For Congress

Mailing Address P.O. Box 39139

City Washington State DC Zip Code 20016

Purpose of Disbursement

Candidate Name
Rep. Albert Wynn

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19504136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 46

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Phil Gingrey, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: 19504149

Date of Disbursement

03 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thomas M. Reynolds

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 19504153

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Matheson For Congress

Mailing Address 677 South 200 West
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. James D. Matheson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 2

Transaction ID: 19488296

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Together for Our Majority Political Action Committ

Mailing Address PO Box 16488

City
Arlington

State
VA

Zip Code
22215

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19298555

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City
Uwchland

State
PA

Zip Code
19480

Purpose of Disbursement

Candidate Name
Rep. James W. Gerlach

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 6

Transaction ID: 19488292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr Md For Congress Inc

Mailing Address Post Office Box 80126

City
Lafayette

State
LA

Zip Code
70598

Purpose of Disbursement

Candidate Name
Rep. Charles W. Boustany, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 7

Transaction ID: 19031190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 46

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street Southeast
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19488301

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Cathy McMorris For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

Candidate Name
Rep. Cathy McMorris

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 5

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19488299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 6

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19491551

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Vern Buchanan

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: 19503086

Date of Disbursement

03 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Weldon

Mailing Address PO Box 968

City
Melbourne

State
FL

Zip Code
32902

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Dave Weldon, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 19504130

Date of Disbursement

03 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens For Harkin

Mailing Address P O Box 811

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Tom Harkin

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 2

Transaction ID: 19504134

Date of Disbursement

03 / 28 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement
Void - Friends Of Mark Foley - Never cas

Candidate Name
Rep. Mark A. Foley

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 16

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

2006 US General ELeC

Transaction ID: 19620079

Date of Disbursement

M M / D D / Y Y Y Y
03 / 29 / 2007

Amount of Each Disbursement this Period

-2000.00

Void - Friends Of Mark Fo-
ley - Never cashed

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name
Rep. Roy Blunt

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 7

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19026433

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

99000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Virginia Department of Taxation

Mailing Address P.O. Box 1500

City
Richmond

State
VA

Zip Code
23218-1500

Purpose of Disbursement

State Taxes

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 19620106

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

723.00

State Taxes

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 19810796

Date of Disbursement

03 / 30 / 2007

Amount of Each Disbursement this Period

817.06

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

1540.06

TOTAL This Period (last page this line number only)

1540.06